

CONSENT AND RELEASE
USE OF THE MSFC NEUTRAL BUOYANCY SIMULATOR

REPRESENTATIONS

I have requested permission to dive in the George C. Marshall Space Flight Center's Neutral Buoyancy Simulator on the date specified below.

I am in good health, have completed a course in scuba diving and, if permitted to make the dive, I will submit to a reasonable physical examination in advance thereof and will abide by Marshall Space Flight Center's regulations and instructions during said dive.

NAME OF REQUESTER:

JOB TITLE:

ORGANIZATION:

DATE OF DIVE:

RELEASE

In consideration for being permitted to make the above-mentioned dive, on behalf of myself and my heirs, executors, administrators, and assigns, I do hereby remise, release and forever discharge the United States of America, the National Aeronautics and Space Administration, the George C. Marshall Space Flight Center, their contractors, and their respective employees, agents, and representatives, of and from all demands, claims, suits, proceedings, and causes of action whatsoever in law or equity which may arise from, or on account of, personal injuries, death, or property damage of whatever character or description which I have or may hereafter sustain while participating in the above-mentioned dive, including all activities in and near the Neutral Buoyancy Simulator in connection with said dive.

SIGNATURE OF REQUESTER:

DATE:

SIGNATURE OF WITNESS:

DATE: